

# Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 9-18-2007

Address: 6925 OLIVE BRANCH

Case #: 47F47413

PEKIN, IN

County: WASHINGTON

## Type of Laboratory Seizure (check one)

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## Seizure Location (check all that apply)

- ☒ Residence ☐ Hotel/Motel  
☐ Outbuilding ☒ Open - No Structure  
☒ Vehicle ☐ Other:

## Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): \_\_\_\_\_  
☒ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: \_\_\_\_\_  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☒ Corrosive Acid: \_\_\_\_\_  
☒ Corrosive Base: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

## Child under age 18 discovered (check one)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

## Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☐ Other: \_\_\_\_\_

## This report is to be faxed to the following agencies that serve the location:

Fire Department: POSEY TWP

Fax: N/A

Health Department: WASHINGTON CO

Fax: 883.5881

Child Protection Service: \_\_\_\_\_

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: GREENWELL Phone 812.246.5424

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.